

# Emerging Infectious Disease (suspected CoVID-19) Non-Transport

## Non-Transport guidance to reduce exposure and spread

### History

- Flu-like illness

### Signs and Symptoms

- Fever greater than 100.4°F
- Rhinorrhea/nasal congestion
- Productive cough
- Chills
- Weakness and/or flu-like symptoms
- Body aches

### Differential

- Cancer / tumors / lymphomas
- Medication or drug reaction
- Hyperthyroidism
- Heat-related emergency
- Meningitis
- Bacterial infection

Communications Center indicates positive CoVID-19  
Or  
High suspicion of CoVID-19

Exit to the appropriate protocol 

### PPE must protect from droplet/fluid contamination

Universal precautions with proper PPE required.

- N95 mask, impermeable gown, gloves, eye protection.
- Limit patient contact to one provider only if at all possible.
- All providers should attempt to maintain a distance of 6 feet or more from the patient when feasible and does not interfere with indicated patient care.

### Perform assessment:

- Age greater than 17 and less than 60 years old
- Respiratory rate between 8 and 20 bpm
- Pulse oximetry greater than 94% on room air
- Heart rate less than 120 bpm
- Systolic BP greater than 100 mmHg
- Fever greater than 100.4°F or patient reports feeling warm/feverish
- One or more viral symptoms present (cough, fever, nasal/chest congestion, sore throat, body aches)

Do ALL criteria above apply?

### Does the patient report:

- Chest pain, or
- Shortness of breath, or
- Syncope, or
- Immunocompromised, or poorly controlled comorbidities

Exit to the appropriate protocol 

### Destination Guidelines

If the patient is transported to the hospital:

- Radio report: Proceed with normal report to receiving facility including using plain language.
- At destination: The driver will make contact with the hospital staff while the patient/primary provider remains in the unit.
- Once patient has been cleared from the ambulance, carefully remove PPE and discard in the waste container in the patient's room by the door.
- Ambulance cleaning: Carefully clean/disinfect the ambulance and any surfaces contacted by the patient or provider before returning to service.

### If patient consents to non-transport:

- Highest EMT certification must assume care.
- Hand COVID-19 packet to patient.
- Discuss non-transport, self-quarantine, and when to seek care following checklist (see PEARLS).
- Patient must make this decision on own, appears to be competent to make this decision, and has a appropriate support system in place in case EMS needs to be called on patient's behalf (see PEARLS).

Transport or contact Medical Control if patient does not meet criteria.

# Emerging Infectious Disease (suspected CoVID-19) Non-Transport

## Non-Transport guidance to reduce exposure and spread

### EMS Checklist: Safe to leave at home?

The patient is stable enough to receive care at home.

The patient meets all inclusion criteria in the protocol.

Appropriate caregivers are available at home.

Recommended: There is a separate bedroom where the patient can recover without sharing immediate space with others.

Resources for access to food, phone, and other necessities are available.

The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

*Source: Centers for Disease Control and Prevention. Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19). Updated on February 12, 2020. Access at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?>*

### PEARLS:

- **Recommended Exam: Mental status, skin, HEENT, heart, lungs, and neurological.**
- Extremes of age are more prone to emergencies (the very young or elderly).
- Common signs and symptoms of COVID-19: Fever; cough, sore throat/body aches, fatigue, shortness of breath/difficulty in "catching my breath". Rhinorrhea (runny/stuffy nose) is uncommon for COVID-19, but may be present or usually found with other viral or bacterial upper respiratory infections.
- Non-transport requirement. The patient is fully alert and oriented to his or her normal baseline and not intoxicated, to your knowledge.
- Immunocompromised or poorly-controlled morbidities: To be a candidate for this protocol, there are **no** obvious indications that this patient is experiencing an exacerbation of a chronic illness such as COPD, CHF, asthma, etc., HIV, current chemotherapy treatments, chronic steroid use. Or, systolic BP is not greater than 160 mmHg even on medications, diabetes with a random BGL check greater than 140 mmol/dL, and/or any other chronic health issue where the patient is not appropriately taking prescribed medications.
- If the patient's temperature remains greater than 104°F and NSAIDs or acetaminophen have been used within the last 6 hours, transport should be highly encouraged.
- The patient must be able to contact 911 if needed again (functional phone, an adult who will be with the patient for most of the time, a LifeAlert type system, or other appropriate means of communication).
- COVID-19 is considered as a droplet-precaution viral disease. However, droplets may be aerosolized by coughing, sneezing, or nebulized medication use (home nebulizer) and remain in the air for several hours. Use an N95 mask on yourself when making patient contact. If the patient is transported, apply a surgical mask to the patient to protect others. Do NOT use an N95 mask on these patients.